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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

## Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Troy First name	First name	
	Bring your picture identification to your meeting with the trustee.	Middle name  Olsen  Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you hav	ve		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2223		

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Case number (if known)

Debtor 1 Troy M Olsen

		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.		☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)	-	Business name(s)		
		EINs	-	EINs		
5.	Where you live	3711 Bluff Dr.		If Debtor 2 lives at a different address:		
		Belvidere, IL 61008  Number, Street, City, State & ZIP Code	-	Number, Street, City, State & ZIP Code		
		Boone				
		County		County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	-	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:		Check one:		
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Part	2: Tell the Court About	our B	ankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	■ Chapter 7						
		□ с	hapter 11					
		□ с	hapter 12					
		□ CI	hapter 13					
8.	How you will pay the fee		about how yo	u may pay. Typ attorney is subr	ically, if you are paying the f	check with the clerk's office in your loca fee yourself, you may pay with cash, cas ir behalf, your attorney may pay with a cr	shier's check, or money	
				eed to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to e Filing Fee in Installments (Official Form 103A).				
						option only if you are filing for Chapter 7		
			applies to you	ır family size ar	nd you are unable to pay the	y if your income is less than 150% of the fee in installments). If you choose this o	ption, you must fill out	
			the Application	on to Have the (	Chapter 7 Filing Fee Waived	(Official Form 103B) and file it with your	petition.	
9.	Have you filed for bankruptcy within the	■ No	).					
	last 8 years?	☐ Ye	s.					
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is	□ Ye						
	not filing this case with you, or by a business partner, or by an affiliate?							
			Debtor			Relationship to you		
			District		When	Case number, if know	vn	
			Debtor			Relationship to you		
			District		When	Case number, if know	vn	
11.	Do you rent your residence?	■ No	Go to li	ne 12.				
		☐ Ye	es. Has yo	ur landlord obta	ained an eviction judgment a	ngainst you and do you want to stay in yo	our residence?	
				No. Go to line	12.			
				Yes. Fill out Inbankruptcy per		ction Judgment Against You (Form 101A	a) and file it with this	

Deb	otor 1	Troy M Olsen			Document Page 4 of 49  Case number (if known)
Par	t 3:	Report About Any Bu	sinesses	You Owr	n as a Sole Proprietor
12.	of ar	you a sole proprietor ny full- or part-time ness?	■ No.	Go to	o Part 4.
			☐ Yes.	Name	e and location of business
	busir an in sepa as a	e proprietorship is a ness you operate as dividual, and is not a rate legal entity such corporation, ership, or LLC.		Name	e of business, if any
	sole	have more than one proprietorship, use a rate sheet and attach		Numb	ber, Street, City, State & ZIP Code
		his petition.		Chec	ck the appropriate box to describe your business:
					Health Care Business (as defined in 11 U.S.C. § 101(27A))
					Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
					Stockbroker (as defined in 11 U.S.C. § 101(53A))
					Commodity Broker (as defined in 11 U.S.C. § 101(6))
					None of the above
13.	Chap Bank	you filing under oter 11 of the cruptcy Code and are a small business	deadline operation	s. If you ir	nder Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure (S(1)(B).
		definition of small	■ No.	I am r	not filing under Chapter 11.
		ness debtor, see 11 C. § 101(51D).	□ No.	I am f Code	filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy e.
			☐ Yes.	I am f	filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Cod
Par	t 4·	Report if You Own or	Have Any	, Hazardo	lous Property or Any Property That Needs Immediate Attention
		ou own or have any	■ No.	, mazara	out report, or range report, reactions and resident and r
		erty that poses or is			
	of im	ed to pose a threat minent and tifiable hazard to	☐ Yes.	What is	the hazard?
	Or do	ic health or safety? o you own any erty that needs ediate attention?			ediate attention is d, why is it needed?
	peris	example, do you own hable goods, or tock that must be fed,		Where is	is the property?

Number, Street, City, State & Zip Code

or a building that needs urgent repairs?

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Debtor 1 Troy M Olsen

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Troy M Olsen		Document		Case number (if kn	nown)
Part	6: Answer These Quest	ions for Re	eporting Purposes			
16.	What kind of debts do you have?	16a.	Are your debts primarily consur individual primarily for a personal,			n 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.			
			Yes. Go to line 17.			
		16b.	Are your debts primarily busine money for a business or investme			
			☐ No. Go to line 16c.	5 1		
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you owe th	nat are not consumer debts	s or business deb	ots
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.		
	Do you estimate that after any exempt property is excluded and	■ Yes.	I am filing under Chapter 7. Do yo are paid that funds will be available			s excluded and administrative expenses
	administrative expenses		■ No			
	are paid that funds will be available for		☐ Yes			
	distribution to unsecured creditors?					
18.	How many Creditors do	<b>■</b> 1-49		□ 1,000-5,000		☐ 25,001-50,000
	you estimate that you owe?	☐ 50-99		<b>5001-10,000</b>		<b>5</b> 0,001-100,000
	owe:	□ 100-19		<b>1</b> 0,001-25,000		☐ More than100,000
		200-99	99			
19.	How much do you	<b>\$0 - \$</b>	50,000	□ \$1,000,001 - \$10 mil		□ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 m		\$1,000,000,001 - \$10 billion
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 r □ \$100,000,001 - \$500		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		<b>—</b> \$500,0	701 - \$1 million			— more than too simon
20.	How much do you	<b>\$0 - \$</b>	50,000	□ \$1,000,001 - \$10 mil	lion	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?	□ \$50,0	01 - \$100,000	□ \$10,000,001 - \$50 m		□ \$1,000,000,001 - \$10 billion
			001 - \$500,000	□ \$50,000,001 - \$100 r □ \$100,000,001 - \$500		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
		□ \$500,0	001 - \$1 million	<b>—</b> \$100,000,001 - \$300	THIIIIOH	More triair \$50 billion
Part	7: Sign Below					
For	you	I have ex	amined this petition, and I declare u	under penalty of perjury th	at the information	n provided is true and correct.
			chosen to file under Chapter 7, I am ates Code. I understand the relief a			er Chapter 7, 11,12, or 13 of title 11, to proceed under Chapter 7.
			ney represents me and I did not pa t, I have obtained and read the noti			attorney to help me fill out this
		I request	relief in accordance with the chapte	er of title 11, United States	s Code, specified	in this petition.
		bankrupto and 3571				perty by fraud in connection with a or both. 18 U.S.C. §§ 152, 1341, 1519,
		Troy M	M Olsen Olsen	Signatu	re of Debtor 2	
			e of Debtor 1	5.g.1d.to	2. 200.01 2	
		Executed		Execute		(1000)
			MM / DD / YYYY		MM / DD	/ Y Y Y Y

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Debtor 1 Troy M Olsen Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Daniel	A. Springer	Date	August 31, 2016
Signature of	Attorney for Debtor		MM / DD / YYYY
Daniel A. S	Springer		
Springer L	aw Firm		
Firm name			
2222 E Sta	ite St		
Suite 107			
Rockford,	IL 61104		
Number, Street,	City, State & ZIP Code		
Contact phone	815.312.4725	Email address	dspringerlaw@gmail.com
6314059			
Bar number & St	ate		

		Docume	ent Page 8 of 49	
Fill in this infor	mation to identify your	case:		
Debtor 1	Troy M Olsen			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	inkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _				
(if known)				☐ Check if this is an amended filing

### Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	1: Summarize Your Assets		
		Your as Value of	sets what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	280.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	280.00
Par	2: Summarize Your Liabilities		
		Your lia Amount	<b>bilities</b> you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	6,967.00
	Your total liabilities	\$	6,967.00
Par	3: Summarize Your Income and Expenses	•	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,266.17
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	1,180.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	edules.
7.	Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	a personal i	family or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.

1,333.33 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total claim	
From Fart 4 on Generalize 217, Gopy the following.		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

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Fill in this infor	mation to identify you	case and this filing:			
Debtor 1	Troy M Olsen				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS	_	
Case number _					Check if this is an
					amended filing
000 1 1 5	4004/5				
	orm 106A/B				
Schedul	le A/B: Prop	perty			12/15
think it fits best. E	Be as complete and accur re space is needed, attacl	ate as possible. If two married p	<ul> <li>If an asset fits in more than one categore eople are filing together, both are equally on the top of any additional pages, write</li> </ul>	responsible for suppl	ying correct
Part 1: Describe	Each Residence, Buildin	g, Land, or Other Real Estate Yo	u Own or Have an Interest In		
1. Do you own or	have any legal or equitab	le interest in any residence, build	ding, land, or similar property?		
■ No. Go to Pa	rt 2.				
☐ Yes. Where i	is the property?				
Part 2: Describe	Your Vehicles				
			es, whether they are registered or n G: Executory Contracts and Unexpired		les you own that
3. Cars, vans, tr	rucks, tractors, sport u	tility vehicles, motorcycles			
■ No					
☐ Yes					
			vehicles, other vehicles, and access s, snowmobiles, motorcycle accessorie		
■ No					
☐ Yes					
			es from Part 2, including any entries		\$0.00
				<u> </u>	
	Your Personal and Hous		H	0	
·		table interest in any of the fo	llowing items?	<b>por</b> Do	rent value of the tion you own? not deduct secured ms or exemptions.
	oods and furnishings ajor appliances, furniture	e, linens, china, kitchenware			
■ No					
☐ Yes. Desc	cribe				
		idio, video, stereo, and digital eneras, media players, games	equipment; computers, printers, scann	ers; music collections	; electronic devices
□ No					
Yes. Desc	cribe				
	Cell Pho	10			\$50.00

Official Form 106A/B Schedule A/B: Property page 1

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Debtor 1	Troy M Olsen		Document	Case number (if known	)
Exam <sub>l</sub> ■ No	other collections, memo			oks, pictures, or other art objects; stamp, coi	n, or baseball card collections;
	s. Describe				
Exam <sub>l</sub> ■ No	ment for sports and hobbie ples: Sports, photographic, e musical instruments s. Describe		other hobby equipment; I	picycles, pool tables, golf clubs, skis; canoes	s and kayaks; carpentry tools;
■ No	rms mples: Pistols, rifles, shotgun s. Describe	s, ammunitior	n, and related equipment		
☐ No	nes mples: Everyday clothes, furs s. Describe	s, leather coats	s, designer wear, shoes,	accessories	
	Used c	lothing			\$180.00
☐ No		tume jewelry,	engagement rings, wedd	ding rings, heirloom jewelry, watches, gems,	
	Costur	ne Jewelry			\$20.00
Exam  ■ No  □ Yes  14. Any o  ■ No	farm animals  nples: Dogs, cats, birds, hors  s. Describe  other personal and househ  s. Give specific information	old items you	u did not already list, ir	ncluding any health aids you did not list	
	I the dollar value of all of yo Part 3. Write that number h			ny entries for pages you have attached	\$250.00
for l	Part 3. Write that number h	ere		<u></u>	
for l	Part 3. Write that number h	ere		<u></u>	Current value of the portion you own? Do not deduct secured claims or exemptions.

Cash

\$30.00

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Case number (if known) Document Debtor 1 **Troy M Olsen** 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No ☐ Yes..... Institution name: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and ioint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

Entered 08/31/16 11:24:30 Case 16-82051 Doc 1 Filed 08/31/16 Desc Main Document Page 13 of 49 Case number (if known) Debtor 1 **Troy M Olsen** 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No  $\hfill \square$  Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$30.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

☐ Yes. Go to line 47.

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Debtor 1	Troy M Olsen	Document	Case number (if known)	
Examp ■ No	have other property of a les: Season tickets, count	,		

54.	Add the dollar value of all of your entries from Part 7. Write that	number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$0.00
56.	Part 2: Total vehicles, line 5	\$0.00		
57.	Part 3: Total personal and household items, line 15	\$250.00		
58.	Part 4: Total financial assets, line 36	\$30.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$280.00	Copy personal property total	\$280.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$280.00

Official Form 106A/B Schedule A/B: Property page 5

	Ca	se 16-82051 [	Doc 1 Filed 08 Docum			Entered 08/31/16 11:24	1:30	Desc Main
Fil	ll in this inform	nation to identify your		14.3.11		7. 1. 7. 7. 7. <del>-</del> 7. 7		
De	ebtor 1	Troy M Olsen						
Do	ebtor 2	First Name	Middle Name		L	ast Name		
	oouse if, filing)	First Name	Middle Name		L	ast Name		
Ur	nited States Bar	nkruptcy Court for the:	NORTHERN DISTRI	CT OF IL	LIN	OIS		
Ca	ase number							
(if k	known)							Check if this is an
L							_	amended filing
0	fficial Fo	rm 106C						
S	chedule	e C: The Pro	operty You	Clai	m	as Exempt		4/16
the nee	property you lis	sted on <i>Schedule A/B: F</i> d attach to this page as	Property (Official Form 1	06A/B) a	s yc	ther, both are equally responsible for our source, list the property that you age as necessary. On the top of any	claim a	s exempt. If more space is
spe any fun exe	ecific dollar and a policable standard and a policable standard and a policable and a policabl	nount as exempt. Alter atutory limit. Some ex nlimited in dollar amo	natively, you may clai emptions—such as th unt. However, if you c	m the ful ose for h aim an e	II fai nealt exen	ount of the exemption you claim. ir market value of the property be th aids, rights to receive certain be nption of 100% of fair market valu determined to exceed that amoun	ing exe enefits e unde	mpted up to the amount of , and tax-exempt retirement r a law that limits the
Pa	art 1: Identif	y the Property You Cla	aim as Exempt					
1.	Which set of	exemptions are you c	laiming? Check one or	nly, even	if yo	our spouse is filing with you.		
	You are cla	aiming state and federal	nonbankruptcy exemp	ions. 11	U.S	S.C. § 522(b)(3)		
	☐ You are cla	aiming federal exemptio	ns. 11 U.S.C. § 522(b)	(2)				
2.	For any prop	erty you list on Sched	ule A/B that you claim	as exen	npt,	fill in the information below.		
		on of the property and lin	e on Current value		Am	ount of the exemption you claim	Specif	fic laws that allow exemption
	Schedule A/D	mat note this property	Copy the value Schedule A/B		Che	eck only one box for each exemption.		
	Cell Phone		\$5	0.00		\$50.00	735 I	LCS 5/12-1001(b)
	Line from Sch	nedule A/B: <b>7.1</b>				100% of fair market value, up to any applicable statutory limit		
	Used clothi	ng nedule A/B: 11.1	\$18	0.00		\$180.00	735 I	LCS 5/12-1001(a)
	LINE HOIN SCA	iedule AVD. II.I				100% of fair market value, up to any applicable statutory limit		
	Costume Je	ewelry nedule A/B: 12.1	\$2	0.00		\$20.00	735 I	LCS 5/12-1001(b)
	LINE HOIN SCI	iedule AVD. 1 <b>2.1</b>				100% of fair market value, up to any applicable statutory limit		
_	Cash		r.c	0.00		\$20.00	735 I	LCS 5/12-1001(b)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Official Form 106C

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Line from Schedule A/B: 16.1

☐ 100% of fair market value, up to any applicable statutory limit

Page 16 of 49 Case number (if known) Debtor 1 Troy M Olsen

Fill in this inform	nation to identify your	case:		
Debtor 1	Troy M Olsen			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				Check if this is an
				amended filing

### Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
  - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below.

			Docume	ent Page 18 of 49	<u> </u>
Fill in t	this informa	tion to identify your	case:		
Debtor	1	Troy M Olsen			
		First Name	Middle Name	Last Name	
Debtor (Spouse i		First Name	Middle Name	Last Name	
United	States Bank	ruptcy Court for the:	NORTHERN DISTRICT	COF ILLINOIS	
Offica	Clates Barn	diaptoy Court for the.		O ILLINOIS	
Case n (if known)					☐ Check if this is an amended filing
	al Form dule E/I		ho Have Unsect	ured Claims	12/15
any exec Schedule Schedule left. Atta	cutory contra e G: Executo e D: Creditor ch the Contir d case numb	cts or unexpired leases ry Contracts and Unexp s Who Have Claims Sec	that could result in a claim ired Leases (Official Form a ured by Property. If more s e. If you have no information	PRIORITY claims and Part 2 for creditors with I  . Also list executory contracts on Schedule Al 106G). Do not include any creditors with partia pace is needed, copy the Part you need, fill it o on to report in a Part, do not file that Part. On t	B: Property (Official Form 106A/B) and on Ily secured claims that are listed in out, number the entries in the boxes on the
		have priority unsecure			
	No. Go to Par	t 2.			
	Yes.				
Part 2:	List All	of Your NONPRIORIT	Y Unsecured Claims		
3. Do	any creditors	have nonpriority unsec	cured claims against you?		
	No. You have	nothing to report in this p	art. Submit this form to the co	ourt with your other schedules.	
	Yes.				
uns	ecured claim, n one creditor	list the creditor separately	/ for each claim. For each cla	der of the creditor who holds each claim. If a cr im listed, identify what type of claim it is. Do not lis 3.If you have more than three nonpriority unsecure	st claims already included in Part 1. If more
					Total claim
4.1	Citicards Nonpriority C	CBNA Creditor's Name	Last 4 digits	s of account number	\$498.00
		kruptcy Dept.	When was t	the debt incurred?	
	Sioux Fal	Ils, SD 57117 eet City State Zlp Code	As of the da	ate you file, the claim is: Check all that apply	
	Who incurre	ed the debt? Check one.			
	Debtor 1	only	☐ Continge	ent	
	Debtor 2	only	☐ Unliquida	ated	
	Debtor 1	and Debtor 2 only	☐ Disputed		
	☐ At least o	one of the debtors and and	70101	NPRIORITY unsecured claim:	
		this claim is for a comm			
	debt Is the claim	subject to offset?	☐ Obligation report as pri	ons arising out of a separation agreement or divord ority claims	ce that you did not
	■ No	-		pension or profit-sharing plans, and other similar	debts
	☐ Yes		Other. S	pecify Debt Owed	
				·	

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Comenity Bank/Bergners	Last 4 digits of account number	\$1,192.00
Nonpriority Creditor's Name PO Box 182789 Columbus, OH 43218	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	,	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Debt Owed	
Commonwealth Edison	Last 4 digits of account number	\$250.00
Nonpriority Creditor's Name Attn: System Credit/BK Dept. B Lincoln Center 4th Floor	When was the debt incurred?	
Oakbrook Terrace, IL 60181  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt s the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Utilty Debt	
Credit One Bank	Last 4 digits of account number	\$558.00
Nonpriority Creditor's Name Attn: Banruptcy Dept.	When was the debt incurred?	
PO Box 98872 Las Vegas, NV 89193 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Debt Owed	

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DSNB/Macys	Last 4 digits of account number	\$236.00
Nonpriority Creditor's Name PO Box 8218 Mason, OH 45040	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Debt Owed	
First National Credit CA	Last 4 digits of account number	\$346.00
Nonpriority Creditor's Name	When was the debt incurred?	
500 E 60th St N Sioux Falls, SD 57104	when was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Debt Owed	
First Premier Bank	Last 4 digits of account number	\$670.00
Nonpriority Creditor's Name		
Attn: Bankruptcy Dept. 3820 N Louise Ave	When was the debt incurred?	
Sioux Falls, SD 57107  Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	7.5 5. 11.5 date you may the drain for chook an that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other Specify Debt Owed	
<b>□</b> 163	Other. Specify Debt Owed	

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Jebl	I roy M Olsen	Case number (# know)	
4.8	First Savings Bank Blaze Nonpriority Creditor's Name	Last 4 digits of account number	\$361.00
	500 E 60th St. Sioux Falls, SD 57104	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Debt Owed	
1.9	Khols Department Store	Last 4 digits of account number	\$684.00
	Nonpriority Creditor's Name PO Box 3115 Milwaukee, WI 53201	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Debt Owed	
4.1	MABT/CONTFIN	Last 4 digits of account number	\$647.00
	Nonpriority Creditor's Name	<u> </u>	
	PO Box 8099 Newark, DE 19714	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Debt Owed	

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Debtor 1 Troy M Olsen Case number (if know) 4.1 Mid America B&T Genesis \$325.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 4499 When was the debt incurred? Beaverton, OR 97076 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Debt Owed ☐ Yes 4.1 **Nicor Gas** \$100.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Attn: Bankruptcy Dept. PO Box 5407 Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Utility 4.1 Swedish American Health System \$500.00 3 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? 1401 East State Street Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Debt ☐ Yes

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Case number (if know)

Debto	Troy M Olsen		Case n	umber (if know)	
4.1	US Collular		_		¢600.00
4	US Cellular  Nonpriority Creditor's Name	Last 4 digits of account nui	mber		\$600.00
	Attn: Bankruptcy Dept.	When was the debt incurred	d?		
	8410 W. Bryn Mawr				
	Chicago, IL 60631				
	Number Street City State Zlp Code	As of the date you file, the	claim is: Check	all that apply	
	Who incurred the debt? Check one.	_			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	$\square$ At least one of the debtors and another	Type of NONPRIORITY uns	ecured claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of	a separation agi	reement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-	-sharing plans, a	and other similar debts	
	Yes	Other. Specify Debt C	wed		
Part 3	List Others to Be Notified About a D	Paht That You Already Listed			
		•	that you alread	dy listed in Ports 1 or 2. For example, if s	collection agency
is try have	his page only if you have others to be notifie ring to collect from you for a debt you owe to more than one creditor for any of the debts t ied for any debts in Parts 1 or 2, do not fill ou	someone else, list the original cred that you listed in Parts 1 or 2, list the	litor in Parts 1 o	or 2, then list the collection agency here.	Similarly, if you
Name a	and Address	On which entry in Part 1 or Part 2 d	lid you list the or	riginal creditor?	
Coml		Line 4.3 of (Check one):	☐ Part 1: 0	Creditors with Priority Unsecured Claims	
	Bankruptcy Dept.		■ Part 2: 0	Creditors with Nonpriority Unsecured Claims	;
_	ox 6111   Stream, IL 60197				
Caro	otream, ie oors?	Last 4 digits of account number			
Name a	and Address	On which entry in Part 1 or Part 2 d	lid you list the or	riginal creditor?	
	lish American Hospital	Line <b>4.13</b> of ( <i>Check one</i> ):	☐ Part 1: 0	Creditors with Priority Unsecured Claims	
	Bankruptcy Dept.		■ Part 2: 0	Creditors with Nonpriority Unsecured Claims	;
_	ox 950				
vvaur	kegan, IL 60085	Last 4 digits of account number			
Name :	and Address	On which entry in Part 1 or Part 2 d	lid you list the or	riginal creditor?	
	lish American Hospital	Line <b>4.13</b> of ( <i>Check one</i> ):	·	Creditors with Priority Unsecured Claims	
РО В	ox 4448			Creditors with Nonpriority Unsecured Claims	•
Rock	ford, IL 61110-0948		— Tult 2. C	realities with Nonphorny Griscoured Glaims	
		Last 4 digits of account number			
	and Address	On which entry in Part 1 or Part 2 d	lid you list the or	riginal creditor?	
	lish American Management	Line <b>4.13</b> of ( <i>Check one</i> ):	☐ Part 1: 0	Creditors with Priority Unsecured Claims	
Svcs			Part 2: 0	Creditors with Nonpriority Unsecured Claims	;
	Charles St. ford, IL 61108				
NOCK	101u, 12 01 100	Last 4 digits of account number			
Name a	and Address	On which entry in Part 1 or Part 2 d	lid vou list the or	riginal creditor?	
Swed	lish American Medical Group	Line <b>4.13</b> of ( <i>Check one</i> ):	·	Creditors with Priority Unsecured Claims	
	Bankruptcy Dept.		■ Part 2: 0	Creditors with Nonpriority Unsecured Claims	š
	ox 1567			, , , , , , , , , , , , , , , , , , ,	
Rock	ford, IL 61110	Last 4 digits of account number			
Part 4	· · · · · · · · · · · · · · · · · · ·				
	I the amounts of certain types of unsecured of unsecured of unsecured claim.	ciaims. This information is for statis	tical reporting	purposes only. 28 U.S.C. §159. Add the a	mounts for each
				Total Claim	
	6a. Domestic support obligation	ons	6a.	\$ 0.00	
	Total			¥	

Total claims

Official Form 106 E/F

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Deptor 1 Iro	у М О	sen	Case r	iumber (if	know)
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
Total	6f.	Student loans	6f.	\$	0.00
claims rom Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	6,967.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	6.967.00

		Docume	ni Page 75 oi 49	<u>1</u>
Fill in this inform	mation to identify your	case:		
Debtor 1	Troy M Olsen			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
0	Name				_
	Number	Street			
	City		State	ZIP Code	<del>_</del>
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<u> </u>
	٠,		<b>3.</b> 3	0000	

		Docume	ent Page 26 d	NT 49	
Fill in this	information to identify your				
Debtor 1	Troy M Olsen				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
	, ,				
Case numb (if known)	per				☐ Check if this is an
					amended filing
Official	Form 106H				
	ule H: Your Cod	obtore			40/45
Scried	ule n. Toul Cou	enroi 2			12/15
our name	and case number (if known)  ou have any codebtors? (if	. Answer every question			p of any Additional Pages, write
■ No					
□ Yes					
Arizona  No.	a, California, Idaho, Louisiana Go to line 3.	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash		ty states and territories include )
⊔ Yes.	. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form 1 out Co	2 again as a codebtor only	f that person is a guaran	tor or cosigner. Make	sure you have listed t 06G). Use Schedule D	ng with you. List the person shown the creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt
N	lame, Number, Street, City, State and Z	IP Code		Check all schedul	es that apply:
3.1				☐ Schedule D, lir	ne
<u> </u>	Name			□ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street City	State	ZIP Code		
	Sity	Giale	Zii Gode		
3.2				☐ Schedule D, lir	ne
	Name			□ Schedule E/F,	
				☐ Schedule G, lir	
	Number Street				
C	City	State	ZIP Code		

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Fill	in this information to id	entify your ca	ase:				ı				
		roy M Olse									
	otor 2	-				_					
Uni	ted States Bankruptcy	Court for the	NORTHERN DISTRIC	T OF ILLINOIS							
	se number nown)								ed filing ent showing	g postpetition ollowing date:	
0	fficial Form 1	<u>06l</u>					Ī	/M / DD/ Y	YYY		
S	chedule I: Yo	our Inc	ome								12/15
sup spo atta	plying correct informations of the plant in	ation. If you ited and you o this form. (	sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition	ng jointly, and your th you, do not incl	spouse ude infor	is liv mati	ing with on abou	you, incl t your spo	ude inforn ouse. If mo	nation about ore space is	your needed,
1.	Fill in your employn information.	nent		Debtor 1				Debtor 2	2 or non-fi	ling spouse	
	If you have more than	•	Employment status	■ Employed				☐ Emplo	oyed		
	attach a separate paginformation about add	_	Employment status	☐ Not employed				☐ Not e	mployed		
	employers.		Occupation	Overnight Stoc	k						
	Include part-time, sea self-employed work.	asonal, or	Employer's name	Wal-Mart Store	s, Inc.						
	Occupation may inclu or homemaker, if it ap		Employer's address	Attn: Bankrupt 702 SW 8th St. Bentonville, Al	-		1				
			How long employed ti	nere? 6 mon	ths			_			
Par	rt 2: Give Details	s About Mon	thly Income								
	mate monthly income use unless you are sep		ate you file this form. If y	ou have nothing to	report for	any	line, write	e \$0 in the	space. Inc	clude your noi	n-filing
	u or your non-filing spo e space, attach a sepa		ore than one employer, co this form.	mbine the information	on for all	empl	oyers for	that perso	on on the li	nes below. If y	you need
							For De	btor 1		otor 2 or ng spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	1	,607.67	\$	N/A	
3.	Estimate and list me	onthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Inc	ome. Add lir	e 2 + line 3.		4.	\$	1,6	07.67	\$	N/A	

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Deb	tor 1	Troy M Olsen	_	C	case n	umber (if k	(nown)				
					For D	Debtor 1			or Debtor		
	Con	v line 4 hara	4.		\$	1 60	7 67		on-filing s	-	
	Copy	y line 4 here	4.		Φ	1,60	1.01	. Ф		N/A	<u>\</u>
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	à.	\$	35	7.50	\$		N/A	\
	5b.	Mandatory contributions for retirement plans	5b	).	\$		0.00	\$		N/A	\
	5c.	Voluntary contributions for retirement plans	50		\$		0.00	. \$		N/A	
	5d.	Required repayments of retirement fund loans	5d		\$		0.00	\$		N/A	
	5e.	Insurance	5e		\$		0.00	\$		N/A	
	5f. 5g.	Domestic support obligations Union dues	5f.		\$		0.00	. » . \$		N/A	
	5g. 5h.	Other deductions. Specify:	5g 5h		\$ —		0.00 0.00	. *		N/A N/A	
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.		\$ \$						
					<u> </u>		7.50	• :		N/A	
7.	Caic	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	1,25	0.17	. \$		N/A	<u>\</u>
8.	List a	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a	à.	\$		0.00	\$		N/A	\
	8b.	Interest and dividends	8b	).	\$		0.00	\$		N/A	<u>\</u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			\$		0.00	\$		NI//	
	8d.	Unemployment compensation	8d 8d		\$ 		0.00 0.00			N/A N/A	
	8e.	Social Security	8e		\$		0.00	\$		N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: SNAP	e 8f.		\$	1	6.00	\$		N/A	_
	8g.	Pension or retirement income	 8g	<b>]</b> .	\$		0.00	\$		N/A	
	8h.	Other monthly income. Specify:	8h	1.+	\$		0.00	+ \$		N/A	<u>\</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S	1	6.00	\$		N/	Ά
	٠.		[	_			1 [			1 [	
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	1	,266.17	+ \$		N/A	= \$_	1,266.17
							J L			]	
11.	Inclu- other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your refriends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not cify:	depe					•	n <i>Schedul</i>	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certaines								\$Comb	1,266.17
											illeu Ily income
13.	Do y	ou expect an increase or decrease within the year after you file this form	?								
		No.									
		Ves Evolain:									

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Fill ir	n this information	to identify vo	our case:			1		
Debto		oy M Olse				Che	eck if this is:	
	<u></u>	oy iii Oisc	· ·				An amended filing	
Debto (Spou	or 2 use, if filing)							wing postpetition chapter the following date:
Unite	d States Bankrupto	v Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	·	y countries and		ILLANDICTIAL OF ILLAND			WW., 22, 1111	
(If kno	numberown)							
Off	ficial Form	106J						
	hedule J							12/1
infor		space is ne	eded, atta	. If two married people ar ch another sheet to this n.				
Part		Your House	hold					
	Is this a joint ca							
	■ No. Go to line □ Yes. <b>Does D</b> e		in a senar	ate household?				
	□ No	CDIOI Z IIVC	iii a sepai	ate flouseffold:				
		Debtor 2 mus	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Del	otor 2.	
2.	Do you have de	pendents?	■ No					
	Do not list Debto Debtor 2.	or 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state the							□ No
	dependents nam	ies.						□ Yes □ No
								☐ No
					-			□ No
								☐ Yes
								□ No
3.	Do your expens	ses include	_	NI-	-			☐ Yes
	expenses of pe	ople other t	han $_{m \Box}$	No Yes				
	yourself and yo	ur depende	nts? —	100				
expe	mate your exper	ises as of y	our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the v				government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses
•	ŕ							
4.	The rental or he payments and a			ses for your residence. I r lot.	nclude first mortgag	e 4.	\$	200.00
	If not included	in line 4:						
	4a. Real estat					4a.	·	0.00
			-	's insurance		4b.		0.00
				ıpkeep expenses dominium dues		4c. 4d.		0.00 0.00
5.				our residence, such as ho	me equity loans	4u. 5.	·	0.00

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Iroy M O	usen	Case num	ber (if known)	-
tios:				
	heat, natural gas	6a.	\$	0.00
			· ·	0.00
-				155.00
•	•		•	0.00
•			· -	350.00
			·	0.00
			·	75.00
_				
•				75.00
	•	11.	Ф	50.00
		12.	\$	175.00
	, ,		·	50.00
			· -	0.00
	ibutions and rengious donations	14.	Ψ	0.00
	surance deducted from your pay or included in lines 4 or	. 20		
			\$	0.00
				0.00
			·	0.00
			·	0.00
			Ψ	0.00
	sidde lanes deducted from your pay or included in lines		\$	0.00
·	ase payments:		Ť	0.00
		17a.	\$	0.00
			·	0.00
, ,				0.00
			·	0.00
•	<u></u>		Ψ	0.00
			\$	0.00
			\$	0.00
	,		· —	
	erty expenses not included in lines 4 or 5 of this form		our Income.	
				0.00
Real estate	e taxes	20b.	\$	0.00
Property, h	omeowner's, or renter's insurance			0.00
			·	0.00
				0.00
			·	50.00
or openiy.	Diffiliays/Holidays/Hall Cuts		- Ψ	30.00
•			1	
Add lines 4 t	through 21.		\$	1,180.00
Copy line 22	2 (monthly expenses for Debtor 2), if any, from Official Fo	orm 106J-2	\$	<u> </u>
			\$	1,180.00
				1,100.00
-	•			
				1,266.17
Copy your	monthly expenses from line 22c above.	23b.	-\$	1,180.00
		00-	•	86.17
The result i	is your monthly net income.	230.	Ψ	00.17
(OII OVECOF C	n increase or decrease in your expenses within the	voor ofter you file this	form?	
	In Increase or decrease In your expenses within the your expenses within the your car loan within the year or do your car loan within the year or do you			ease or decrease because
		ou orboot your mortgage	paymont to mo	case of accidase pecause
	erms of your mortgage?			
	erms of your mortgage?			
	ities: Electricity, Water, sew Telephone Other. Sped d and house Idcare and cit Ining, laundr Isonal care pr Isonal care pr Isonal care pr Isonal care insurance. In the insurance in the insuran	Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs thing, laundry, and dry cleaning sonal care products and services lical and dental expenses nsportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and book ritable contributions and religious donations trance. not include insurance deducted from your pay or included in lines 4 or Life insurance Health insurance Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines 4 or cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: or payments of alimony, maintenance, and support that you did n ucted from your pay on line 5, Schedule I, Your Income (Official le er payments you make to support others who do not live with yo cify: er real property expenses not included in lines 4 or 5 of this form Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Birthdays/Holidays/Haircuts culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form Add line 22a and 22b. The result is your monthly expenses. Culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above.  Subtract your monthly expenses from your monthly income. The result is your monthly net income.	Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Chter. Specify: 6d. d and housekeeping supplies 7, deare and children's education costs 8, thing, laundry, and dry cleaning sonal care products and services 10. licial and dental expenses 11. ssportation. Include gas, maintenance, bus or train fare. not include car payments. 12. ertainment, clubs, recreation, newspapers, magazines, and books 13. ritable contributions and religious donations 14. rrance. 15. Life insurance deducted from your pay or included in lines 4 or 20. Life insurance 15c. Vehicle insurance educted from your pay or included in lines 4 or 20. Contribution insurance vehicle insurance 15c. Other insurance. Specify: 15c. Other insurance. Specify: 15c. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Other. Specify: 17c. Other. Specify: 17d. Other. Specify	tites: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: d and housekeeping supplies dcare and children's education costs shing, laundry, and dry cleaning sonal care products and services [ical and dental expenses sthing, laundry, and dry cleaning sonal care products and services [ical and dental expenses sthing, laundry, and dry cleaning sonal care products and services [ical and dental expenses sthing, laundry, and dry cleaning sonal care products and services [ical and dental expenses sthing, laundry, and dry cleaning sonal care products and services [ical and dental expenses sthing, laundry, and dry cleaning sonal care products and services [ical and dental expenses sthing, laundry, and dry cleaning sonal care products and services [ical and dental expenses sthing, laundry, and dry cleaning sonal care products and services [ical and dental expenses stportation. Include gas, maintenance, bus or train fare.  10. \$\frac{1}{15} \text{ include insurance} 10. \$\frac{1}{15} \text{ include insurance} 11. \$\frac{1}{5} \text{ include insurance} 12. \$\frac{1}{5} \text{ include insurance} 13. \$\frac{1}{5} \text{ include insurance} 14. \$\frac{1}{5} \text{ include insurance} 15. \$\frac{1}{5}  include insura

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Fill in this inform	nation to identify you	. 00001			
		case.			
Debtor 1	Troy M Olsen First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS		
Case number					☐ Check if this is an amended filing
Official Forn					
<b>Declarat</b>	ion About a	an Individua	I Debtor's Sc	hedules	12/15
obtaining money years, or both. 18		in connection with a bar			ement, concealing property, or 00, or imprisonment for up to 20
Did you pay	y or agree to pay som	eone who is NOT an atto	orney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes. N	Name of person				okruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	Ity of perjury, I declare e true and correct.	e that I have read the sur	nmary and schedules file	d with this declarati	on and
X /s/ Troy	y M Olsen		X		
Troy M Signatur	Olsen re of Debtor 1		Signature of	Debtor 2	

Date \_\_\_\_\_

Date August 31, 2016

Filli	n this inform	ation to identify you	case:			
Debt		Troy M Olsen				
2000		First Name	Middle Name	Last Name		
Debt (Spou	or 2 se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	kruptcy Court for the:	NORTHERN DISTRICT (	OF ILLINOIS		
		, ,				
(if kno	e number wn)				-	Check if this is an amended filing
Sta Be as	complete a	of Financial	ble. If two married people a		ankruptcy equally responsible for sup	
		). Answer every ques	•	uns form. On the top of any	, additional pages, write you	ur name and case
Part			rital Status and Where You	Lived Before		
۱. ۱	wnat is your	current marital statu	S?			
	<ul><li>■ Married</li><li>■ Not married</li></ul>	ried				
2. I	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<b>'</b> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor co, Texas, Washington and V	
1	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part	2 Explain	n the Sources of You	r Income			
I	Fill in the tota	I amount of income yo	u received from all jobs and a	g a business during this yeall businesses, including partetogether, list it only once ur		ndar years?
ļ	□ No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$7,219.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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Case number (if known) Document Debtor 1 Troy M Olsen

				Debtor 1					Debtor 2		
				Sources of Check all		(bef	ess income fore deduction lusions)	s and	Sources of in Check all that		Gross income (before deductions and exclusions)
	last caler nuary 1 to	idar year: December 3	31, 2015 )	■ Wages bonuses,	, commissions, tips		\$11,3	13.00	☐ Wages, commissions, bonuses, tips		
				☐ Operat	ing a business				☐ Operating	a business	
		dar year bef December 3		■ Wages bonuses,	, commissions, tips		\$10,0	00.00	☐ Wages, co	mmissions,	
				☐ Operat	ing a business				☐ Operating	a business	
	winnings.  List each	If you are filir	ng a joint cas	e and you h	ch source separa	you rec	eived together	r, list it or	nly once under l	Debtor 1.	d gambling and lottery
				Debtor 1					Debtor 2		
				Sources of Describe b		eac (bef	h source fore deduction lusions)		Sources of in Describe belo		Gross income (before deductions and exclusions)
Pai	t 3: Lis	t Certain Pay	ments You	Made Befo	re You Filed for	Bankrı	uptcy				
6.	□ No.	Neither De individual p  During the S  No.  Yes  * Subject to	btor 1 nor D rimarily for a 90 days befo Go to line 7. List below e paid that cre not include o adjustment r Debtor 2 o 90 days befo Go to line 7. List below e	re you filed tach creditor to n 4/01/19  r both have re you filed to n 4/01/19  r both creditor to ach creditor to ach creditor to ach creditor to ach creditor	amily, or household for bankruptcy, di r to whom you pai ot include paymer o an attorney for the and every 3 years of primarily consu for bankruptcy, di	d you p  d you p  d a tota  ts for c  his ban  s after  umer de  d you p	ebts. Consumose."  pay any creditor al of \$6,425* or domestic supp kruptcy case. that for cases ebts. pay any creditor al of \$600 or m	or a total or more in ort obliga filed on co	of \$6,425* or more potions, such as or after the date of \$600 or more the total amour	ayments and the child support a of adjustment.	
			attorney for	this bankru		-			,		
	Creditor	's Name and	Address		Dates of payme	ent	Total amo	ount paid	Amount you still owe	Was this p	payment for

Del	otor 1	Troy M Olsen	Document	Page 34 of 49	e number (if known)		
7.	<i>Inside</i> of whi	n 1 year before you filed for bankruptoers include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	rtners; relatives of any ger control, or owner of 20% of	neral partners; partners or more of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one for
	`	No Yes. List all payments to an insider.					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	inside Includ	in 1 year before you filed for bankruptoer? de payments on debts guaranteed or cosi		yments or transfer a	any property on a	ccount of a de	ebt that benefited an
		Yes. List all payments to an insider					
	Insid	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pai	rt 4:	Identify Legal Actions, Repossession	s. and Foreclosures				
10.	Case Case Withi	No Yes. Fill in the details. e title e number in 1 year before you filed for bankrupto k all that apply and fill in the details belov		Court or agency erty repossessed, f		Status of th	
	<b>=</b> 1	No. Go to line 11.  Yes. Fill in the information below.					
		litor Name and Address	Describe the Property  Explain what happene	d	Date		Value of the property
11.	accor	in 90 days before you filed for bankrup unts or refuse to make a payment beca No Yes. Fill in the details.		luding a bank or fir	nancial institution	, set off any a	mounts from your
		litor Name and Address	Describe the action the	e creditor took	Date taken	action was	Amount
12.		n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a		erty in the possess	ion of an assigne	e for the bene	fit of creditors, a
	_	No Yes					
Pai	rt 5:	List Certain Gifts and Contributions					
13.	Withi	n 2 years before you filed for bankrup	tcy, did you give any gift	s with a total value	of more than \$60	0 per person	<u> </u>

☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600

per person Person to Whom You Gave the Gift and Address:

Describe the gifts

Dates you gave the gifts

Value

Case 16-82051 Doc 1 Filed 08/31/16 Entered 08/31/16 11:24:30 Desc Main Page 35 of 49 Case number (if known) Document Debtor 1 Troy M Olsen 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred lost loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Description and value of any property Person Who Was Paid Amount of Date payment Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You 8/2016 \$450.00 Springer Law Firm **Attorney Fees** 2222 E State St Suite 107 Rockford, IL 61104 dspringerlaw@gmail.com **DebtorCC** \$14.95 8/2016 \$14.95 378 Summit Ave

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Jersey City, NJ 07306

Person Who Was Paid Address Description and value of any property transferred

Date payment or transfer was made Amount of payment

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Debtor 1 Troy M Olsen

8.	Within 2 years before you filed for bankrup transferred in the ordinary course of your be include both outright transfers and transfers minclude gifts and transfers that you have alread No	ousiness or financial affa nade as security (such as t	airs? the granting of a							
	Yes. Fill in the details.									
	Person Who Received Transfer Address	Description and very property transfer		paymo	ibe any property or ents received or debts n exchange	Date transfer was made				
	Person's relationship to you				_					
<ol> <li>Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of beneficiary? (These are often called asset-protection devices.)</li> </ol>										
	No Yes. Fill in the details.									
	Name of trust	Description and v	alue of the pro	perty trans	sferred	Date Transfer was				
						made				
Pai	List of Certain Financial Accounts, In	struments, Safe Deposi	t Boxes, and St	torage Unit	s					
20	Within 1 year before you filed for bankrupto	cv were any financial ac	counts or instr	uments he	ld in your name, or for yo	our henefit closed				
<u>.</u> 0.	sold, moved, or transferred?	•				, ,				
	Include checking, savings, money market, houses, pension funds, cooperatives, asso				t; shares in banks, credit	unions, brokerage				
	■ No	,								
	Yes. Fill in the details.									
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer				
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, a	ny safe dep	posit box or other deposi	tory for securities,				
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?				
22.	Have you stored property in a storage unit	or place other than your	home within 1	year befor	e you filed for bankrupto	y?				
	■ No									
	Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?				
Dai	t 9: Identify Property You Hold or Control	l for Someone Else								
23.	Do you hold or control any property that so for someone.	omeone else owns? Incli	ude any proper	ty you bori	rowed from, are storing f	or, or hold in trust				
	■ No □ Yes. Fill in the details.									
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value				
Pai	t 10: Give Details About Environmental Inf	formation								
	<del></del>									
-or	the purpose of Part 10, the following definiti	ions appiy:								

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107 page 5 Case 16-82051 Doc 1 Filed 08/31/16 Entered 08/31/16 11:24:30 Desc Main Page 37 of 49
Case number (if known) Document

Debtor 1 **Troy M Olsen** 

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

	hazardous material, pollutant, contaminant, or similar term.						
Rep	ort all notices, releases, and proceedings that y	you know about, regardless of wher	n the	y occurred.			
24.	Has any governmental unit notified you that yo	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?					
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of an	y release of hazardous material?					
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.						
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case		
Par	rt 11: Give Details About Your Business or Co	nnections to Any Business					
27.	Within 4 years before you filed for bankruptcy,	hin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?					
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)						
	☐ A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation						
	■ No. None of the above applies. Go to Part 12.						
	Yes. Check all that apply above and fill in the details below for each business.						
		escribe the nature of the business					
	Address (Number, Street, City, State and ZIP Code)	lame of accountant or bookkeeper		Do not include Social Security  Dates business existed	number or IIIN.		
28.	Within 2 years before you filed for bankruptcy, institutions, creditors, or other parties.	, did you give a financial statement t	to an	yone about your business? Incl	ude all financial		
	■ No						
	Yes. Fill in the details below.						
	Name Address (Number, Street, City, State and ZIP Code)	ate Issued					

Part 12: Sign Below

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Case number (if known)

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this infor	rmation to identify your cas	se:		
Debtor 1	Troy M Olsen			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number				☐ Check if this is an
				amended filing
If you are an ind creditors have you have lea You must file th which on the	nt of Intention  dividual filing under chapte we claims secured by your sed personal property and is form with the court with ever is earlier, unless the ce form	er 7, you must fi property, or the lease has r in 30 days after court extends th		et for the meeting of creditors, ne creditors and lessors you list
write y	and accurate as possible. your name and case number our Creditors Who Have S	er (if known).	s needed, attach a separate sheet to this form. On	the top of any additional pages,
For any credition information b		1 of Schedule D	): Creditors Who Have Claims Secured by Propert	y (Official Form 106D), fill in the
	reditor and the property that	is collateral	What do you intend to do with the property tha secures a debt?	t Did you claim the property as exempt on Schedule C?
Creditor's			☐ Surrender the property.	□No
name:			☐ Retain the property and redeem it.	П.,
Description of	f		☐ Retain the property and enter into a Reaffirmation Agreement.	Yes
property			Retain the property and [explain]:	
securing debt	t:			_
Creditor's			☐ Surrender the property.	□ No
name:			Retain the property and redeem it.	<b>110</b>
5	,		☐ Retain the property and enter into a	☐ Yes
Description of	Ť		Reaffirmation Agreement.	
property securing debt	t:		☐ Retain the property and [explain]:	
Creditor's				
name:			☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
			Retain the property and redeem it.	☐ Yes
Description of	f		Reaffirmation Agreement	

Official Form 108

Creditor's

property

securing debt:

Statement of Intention for Individuals Filing Under Chapter 7

 $\square$  Surrender the property.

☐ Retain the property and [explain]:

☐ No

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Debtor 1 Troy M Olsen		Troy M Olsen	Case number (if known)	
n	ame:		<ul><li>☐ Retain the property and redeem it.</li><li>☐ Retain the property and enter into a</li></ul>	☐ Yes
D	escrip	tion of	Reaffirmation Agreement.	
	roperty		☐ Retain the property and [explain]:	
S	ecurin	g debt:		<u> </u>
Par	t 2:	List Your Unexpired Personal Pro	perty Leases	
n th	e info	rmation below. Do not list real esta	hat you listed in Schedule G: Executory Contracts and Unexpi ate leases. Unexpired leases are leases that are still in effect; t perty lease if the trustee does not assume it. 11 U.S.C. § 365(p	the lease period has not yet ended.
Des	cribe	your unexpired personal property	leases	Will the lease be assumed?
	sor's n			□ No
	criptio perty:	n of leased		☐ Yes
,	p 0.1.y.			□ Yes
	sor's n	******		□ No
	perty:	n of leased		☐ Yes
Les	sor's n	ame:		□ No
	criptio perty:	n of leased		☐ Yes
	porty.			☐ Yes
	sor's n			□ No
	perty:	n of leased		☐ Yes
	sor's n			□ No
	criptio perty:	n of leased		☐ Yes
	sor's n criptio	ame: n of leased		□ No
	perty:			☐ Yes
	sor's n			□ No
	criptio perty:	n of leased		☐ Yes
Par	t 3:	Sign Below		
Jnd	er pen		e indicated my intention about any property of my estate that s e.	secures a debt and any personal
Χ	/s/ T	roy M Olsen	x	
	Troy	M Olsen	Signature of Debtor 2	
	Signa	ature of Debtor 1		
	Data	August 21, 2016	Data	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-82051 Doc 1 Filed 08/31/16 Entered 08/31/16 11:24:30 Desc Main Document Page 45 of 49

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court**Northern District of Illinois

In re	Troy M Olsen		Case No.			
		Debtor(s)	Chapter	7		
	DISCLOSURE OF COMPEN	SATION OF ATTO	RNEY FOR DI	EBTOR(S)		
C	ursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(1) ompensation paid to me within one year before the filing e rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy	or agreed to be paid	to me, for services rendered or to		
	For legal services, I have agreed to accept		\$	450.00		
	Prior to the filing of this statement I have received		\$	450.00		
	Balance Due			0.00		
2. T	he source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
3. T	he source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
4. <b>I</b>	I have not agreed to share the above-disclosed compe	ensation with any other person	unless they are mem	bers and associates of my law firm		
[	I have agreed to share the above-disclosed compensate copy of the agreement, together with a list of the name					
5. I	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
b c	Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed]  Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hour	ment of affairs and plan which rs and confirmation hearing, and educe to market value; exc as needed; preparation	n may be required; and any adjourned hea emption planning;	rings thereof;		
б. В	y agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any disc any other adversary proceeding.			es, relief from stay actions or		
		CERTIFICATION				
	certify that the foregoing is a complete statement of any nkruptcy proceeding.	agreement or arrangement for	payment to me for r	epresentation of the debtor(s) in		
Αι	gust 31, 2016	/s/ Daniel A. Spri	nger			
Do	te	Daniel A. Springe Signature of Attorne Springer Law Fir 2222 E State St Suite 107 Rockford, IL 6110 815.312.4725	zy m 04			
		dspringerlaw@g	man.com			

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Desc Main

Springer Law Firm

2222 East State St. # 107, Rockford, iL

815.312.4275

### **CHAPTER 7 RETAINER AGREEMENT**

The undersigned agrees to hire Springer Law Firm to represent the undersigned in a Chapter 7 bankruptcy and agrees to the following terms and conditions:

- 1. The attorney fees for the Chapter 7 bankruptcy are \$450. This is a flat fee arrangement, and does not include the court costs, which are currently \$335. This is the total of your attorney fees, and Springer Law Firm will not charge you for additional work. However, if you refuse to cooperate, or fail to provide information as requested by our attorney, your case may be closed.
- 2. Fees paid to the firm become property of the firm upon payment. If before the case is filed, you decide to close out your case, Springer Law Firm will refund you any fees not earned. I assign to Springer Law Firm any amount paid towards court costs and filing fees. I authorize Springer Law Firm to transfer said funds to the firm's operating account if I decide not to file for bankruptcy, or if I breach this contract.
- 3. I agree to disclose all pertinent information to Springer Law Firm, so that the firm can properly disclose all my assets, debts, and financial history to the court. I agree to keep the firm informed on any new assets or debts I may incur from this date forward. If I do not provide the proper information, or do not cooperate with Springer Law Firm, said firm may withdraw from representation, with permission of the court.
- I understand that I may not be able to protect all of my property. The bankruptcy code does not provide exemptions for everything, and as such, some of my property may be taken by the Trustee and sold. Additionally, if my income is too high, or if my income is not offset enough by my expenses, I understand that the Trustee may dismiss my case, or require me to file a Chapter 13 instead of a Chapter 7.
- I understand that not all of my debts may be discharged in a Chapter 7 bankruptcy. Student loans, educational debts, undisclosed debt, support/maintenance, fines, debts incurred by fraud, future association/condo HOA dues, certain tax debts, or debts found non-dischargeable by a Judge are among the debts not dischargeable.
- I understand that this retainer agreement is for bankruptcy representation only. Springer Law Firm will not represent me in any other case or legal matter, unless agreed to in a separate retainer agreement. This includes adversary proceedings that may fall under the bankruptcy case. This agreement does not include representation in such adversary proceedings.
- I understand that all money paid towards attorney fees is non-refundable. I understand that once I pay Springer Law, that Springer Law begins work on my case. I understand that the majority of bankruptcy work is done prior to the filing of the case, and because of this the fees are earned even before the filing of the case.
- 8. I understand that before I transfer or sell any property, or incur any new debt, I will first notify Springer Law Firm and consult on the impact such action will have on my bankruptcy.
- 9. I understand that I must take 2 classes pertaining to financial management and credit counselling. Failure to take these courses will result in either my case NOT being filed, or if filed, possibly dismissed. If my case is dismissed, I understand that I will have to pay to have my case re-opened by Springer Law Firm.

10. I have received the 11 U.S.C. § 527(a) disclosures and have read them.

Dated: 8/31/16	
Signature: M	Attorney Signature:
Print Name: 7 kg 813 cm	Attorney Print: 5017A

### **United States Bankruptcy Court** Northern District of Illinois

In re	Troy M Olsen		Case No.	
	-	Debtor(s)	Chapter 7	
	VE	CRIFICATION OF CREDITOR M	IATRIX	
		Number of	Creditors:	19
	The above-named Debtor(s) (our) knowledge.	) hereby verifies that the list of credi	tors is true and correct to t	he best of my
Date:	August 31, 2016	/s/ Troy M Olsen Troy M Olsen Signature of Debtor		

Citicards CBNA Attn: Bankruptcy Dept. PO Box 6241 Sioux Falls, SD 57117

ComEd
Attn: Bankruptcy Dept.
PO Box 6111
Carol Stream, IL 60197

Comenity Bank/Bergners PO Box 182789 Columbus, OH 43218

Commonwealth Edison Attn: System Credit/BK Dept. 3 Lincoln Center 4th Floor Oakbrook Terrace, IL 60181

Credit One Bank Attn: Banruptcy Dept. PO Box 98872 Las Vegas, NV 89193

DSNB/Macys PO Box 8218 Mason, OH 45040

First National Credit CA 500 E 60th St N Sioux Falls, SD 57104

First Premier Bank Attn: Bankruptcy Dept. 3820 N Louise Ave Sioux Falls, SD 57107

First Savings Bank Blaze 500 E 60th St. Sioux Falls, SD 57104

Khols Department Store PO Box 3115 Milwaukee, WI 53201 MABT/CONTFIN PO Box 8099 Newark, DE 19714

Mid America B&T Genesis PO Box 4499 Beaverton, OR 97076

Nicor Gas Attn: Bankruptcy Dept. PO Box 5407 Carol Stream, IL 60197

Swedish American Health System Attn: Bankruptcy Dept. 1401 East State Street Rockford, IL 61104

Swedish American Hospital Attn: Bankruptcy Dept. PO Box 950 Waukegan, IL 60085

Swedish American Hospital PO Box 4448 Rockford, IL 61110-0948

Swedish American Management Svcs 2550 Charles St. Rockford, IL 61108

Swedish American Medical Group Attn: Bankruptcy Dept. PO Box 1567 Rockford, IL 61110

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